

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550252

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2			1				
3			1				
4			1				
5			1				
6			1				
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.			2				
TOTAL DEP.			4				
TOTAL CLAIMS			6				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
S1							
S2							
S3							
S4							
S5							
S6							
S7							
S8							
S9							
S10							
S11							
S12							
S13							
S14							
S15							
S16							
S17							
S18							
S19							
S20							
S21							
S22							
S23							
S24							
S25							
S26							
S27							
S28							
S29							
S30							
S31							
S32							
S33							
S34							
S35							
S36							
S37							
S38							
S39							
S40							
S41							
S42							
S43							
S44							
S45							
S46							
S47							
S48							
S49							
S50							
TOTAL IND.			2				
TOTAL DEP.			4				
TOTAL CLAIMS			6				